Intellectual Property Law

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MAIL STOP PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## **CERTIFICATE OF MAILING BY "EXPRESS MAIL"**

Attorney Docket No. :

STRATOS.006A

Applicant(s)

Kelly M. Christensen, et al.

For

BROADCAST RESPONSE METHOD AND

**SYSTEM** 

**Attorney** 

William B. Bunker

"Express Mail"

Mailing Label No.

EV 309088161 US

**Date of Deposit** 

March 22, 2004

I hereby certify that the accompanying

Transmittal letter; specification in 36 pages; 17 sheets of drawings; Return Prepaid Postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Nelson Merida

**EXPRESSP** 

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Attorney Docket No. STRATOS.006A Date: March 22, 2004

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Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

ATTENTION: MAIL STOP PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Kelly M. Christensen, Thomas D. Mock, Lewis A. Kushner, Richard L. Bowman

For: BROADCAST RESPONSE METHOD AND SYSTEM

## REQUEST AND CERTIFICATION UNDER 35 U.S.C. § 122(b)(2)(B)(i)

I hereby certify that the invention disclosed in the attached application has not and will not be the subject of an application filed in another country, or under a multilateral agreement, that requires publication at eighteen months after filing. I hereby request that the attached application not be published under 35 U.S.C. § 122(b).

## Enclosed are:

(X) 17 sheet(s) of drawing.

(X) Return prepaid postcard.

The present application qualifies for small entity status under 37 C.F.R. § 1.27. The fees are calculated below:

| CLAIMS AS FILED  |                 |                 |       |          |
|--|-----------------|-----------------|-------|----------|
| FOR .  | NUMBER<br>FILED | NUMBER<br>EXTRA | RATE  | FEE      |
| Basic Fee  |                 |                 | \$385 | \$375.00 |
| Total Claims   | 43 - 20 =       | 23 ×            | \$9   | \$207.00 |
| Independent Claims   | 4 - 3 =         | 1 ×             | \$43  | \$43.00  |
| If application contains any multiple dependent claims(s), then add |                 |                 | \$145 | \$N/A    |

FILING FEE TO BE PAID AT A LATER DATE

\$625.00

(X) Please use Customer No. 20,995 for the correspondence address.

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